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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted With Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	PU030138
	First Named Inventor	Mark Gilmore Mears et al.
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR CONTROLLING AN EXTERNAL DEVICE BY REMAPPING KEYS ON A USER INPUT DEVICE

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **May 4, 2004** as United States Application Number or PCT International

Application Number **PCT/US2004/013861** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Country	Priority Not Claimed	Certified Copy Attached?	
					YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
US 60/467,932	May 5, 2003	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label	24498	OR	<input checked="" type="checkbox"/> Correspondence address below
Name	JOSEPH S. TRIPOLI				
Address	THOMSON LICENSING INC.				
Address	PO Box 5312				
City	PRINCETON	State	NJ	ZIP	08543-5312
Country	USA	Telephone	609-734-6813	Fax	(609) 734 - 6888
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	MARK GILMORE		Family Name or Surname	MEARS	
Inventor's Signature	<i>Mark Gilmore Mears</i>			Date	5-24-2004
Residence: City	Zionsville	State	Indiana	Country	US
Citizenship	US				
Mailing Address					
Mailing Address 6514 Hyde Park Drive					
City	Zionsville	State	Indiana	ZIP	46077-8258
Country	US				
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	CHAD ANDREW		Family Name or Surname	LEFEVRE	
Inventor's Signature	<i>Chad Andrew Lefevre</i>			Date	5/21/2004
Residence: City	INDIANAPOLIS	State	INDIANA	Country	US
Citizenship	US				
Mailing Address					
Mailing Address 8707 Arbor Lake Drive, #1526					
City	INDIANAPOLIS	State	INDIANA	ZIP	47268
Country	US				
<input checked="" type="checkbox"/> Additional Inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
AARON HAL		DINWIDDIE	
Inventor's Signature <i>Aaron Hal Dinwiddie</i>		Date <i>5-26-04</i>	
Residence: City Cicero	State Indiana	Country US	Citizenship US
Mailing Address			
Mailing Address 1075 Bear Cub Drive			
City Cicero	State Indiana	ZIP 46034	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
ERIC STEPHEN		CARLSGAARD	
Inventor's Signature <i>Eric Stephen Carlsgaard</i>		Date <i>5-24-2004</i>	
Residence: City Zionsville	State Indiana	Country US	Citizenship US
Mailing Address			
Mailing Address 6775 Woodcliff Circle			
City Zionsville	State Indiana	Zip 46077	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JOSEPH WAYNE		FORLER	
Inventor's Signature <i>Joseph Wayne Forler</i>		Date <i>5/18/04</i>	
Residence: City Zionsville	State Indiana	Country US	Citizenship US
Mailing Address			
Mailing Address 1112 Foxglove Court			
City Zionsville	State Indiana	Zip 46077	Country US

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PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM****Application Number****Filing Date****First Named Inventor**

MARK GILMORE MEARS et al.

TitleMETHOD AND APPARATUS FOR CONTROLLING AN
EXTERNAL DEVICE BY REMAPPING KEYS ON A USER
INPUT DEVICE**Art Unit****Examiner Name****Attorney Docket Number**

PU030138

I hereby appoint:

Customer Number 24498☒ Practitioners at Customer Number**OR**☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number:**OR**☐ The address associated with Customer Number:**OR**☒ Firm or
Individual Name

Joseph S. Tripoli, Patent Operations

Address

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City

PRINCETON

State

NJ

ZIP

08543-5312

Country

USA

Telephone

609-734-6834

Fax

609-734-6888

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record**Name**

Robert B. Levy, Reg. No. 28,234

Signature**Date**

10/24/05

Telephone

609-734-6811

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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We,

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France

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Joseph S. Tripoli
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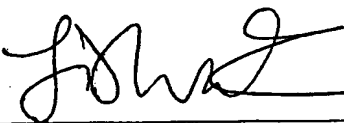
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DATED this 7 day of July, in the year 2005.

Signature:

Typed Name As Signed:

Title:



Julian Waldron
President

POWER OF ATTORNEY
THOMSON LICENSING

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46, Quai A. Le Gallo
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France

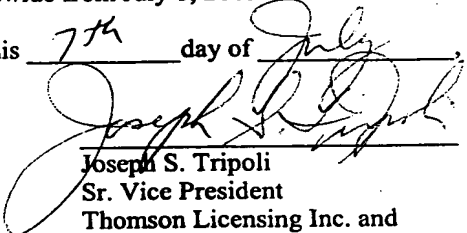
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DATED this 7th day of July, 2005.

SIGNED


Joseph S. Tripoli
Sr. Vice President
Thomson Licensing Inc. and
Attorney In Fact for
THOMSON LICENSING

WITNESS

David Fournier